PTO/SB/22 (12-04)
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	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 204552033100	
	Application Number 10/500,1	14	Filed J	une 25, 2004
	For THERMOPLASTIC RESIN FILM AND PROCESS FOR PRODUCING THE SAME			
	Art Unit 1773		Examiner	V. Chen
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
	The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	Small Entity Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
	x Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1020.00
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
	Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.				
	Payment by credit card. Form PTO-2038 is attached.			
	The Director has already been authorized to charge fees in this application to a Deposit Account.			
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.			
	I am the applicant/inventor.		·	
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
	x attorney or agent of record.	Registration Numbe	r54,217	
	attorney or agent under 37 Registration number if acting			·
03/23/2302 JAMYS	W 0000024 55552 2000000		March 22, 2006	
31 FD-08F3	Signature		Date	
Va . V: A_UU	Adam Keser		(703) 760-7301	
	Typed or printed name	Telephone Number		
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
	Total of 1 forms are sub	omitted.		
	total or			